

NETWORK 2 PROSTHETIC PROGRAM POLICY

1. PURPOSE: To establish policy and procedures for the Veterans Integrated Service Network (VISN) 2 Prosthetics Program.

2. POLICY: VHA policy is to provide quality patient care by furnishing properly prescribed prosthetic equipment, sensory aids, and/or devices (including major medical and special equipment) in the most economical and timely manner for the benefit of disabled veterans within the legal limitations of VA. Clinically necessary prosthetic items will be delivered to all eligible veterans in VISN 2 without delay, in accordance with VHA Directive 1173 and VHA Handbooks 1173.1 through 1173.15. Prescriptions received from private physicians will be evaluated and determination made of medical need by the appropriate VA physician or Major Medical and Special Equipment Committee (MMSEC) before any further action is taken.

Requests for appliances for patients must be submitted sufficiently, in advance to permit procurement prior to discharge. Enrolled veterans are eligible for all clinically necessary prosthetic items for any condition, with the exception of sensory aids. Certain veterans are eligible for prosthetics, medical equipment, and supplies even though not enrolled:

- Veterans needing prosthetics, medical equipment and supplies for a service connected disability, and/or
- Veterans with a service-connected disability rated at least 50 percent.

MEDICAL NEED IS THE DETERMINING FACTOR FOR PROVIDING PROSTHETIC ITEMS.

a. Sensory aids: All sensory aids are prescribed in accordance with the Code of Federal Regulations 38CFR 17.149 (See Attachment A)

b. Definitions:

1. Prosthetic item: All aids, devices, parts or accessories which are clinically required to replace, support, or substitute for impaired or missing anatomical portion of the body. Artificial limbs, terminal devices, stump socks, braces, cosmetic facial or body restorations, manual or motorized wheelchairs, orthopedic shoes, and similar items are included under this broad term.

2. Sensory aids: Items/devices which are designed to compensate for deficiencies in sense organs, e.g., hearing aids, eyeglasses, low vision and mobility aids, speech and communication aids, etc.

3. RESPONSIBILITIES:

a. Director, Diagnostic & Therapeutics Care Line: Responsible for oversight of the Network Prosthetics Program.

b. VISN Prosthetics Manager: Responsible for the overall management of the Network Prosthetics Program.

c. D&T Local Care Line Manager: Responsible for local oversight and support to ensure execution of program responsibilities.

d. Facility Prosthetic Representatives: Responsible for ensuring compliance with VISN and national policies and directives including VHA Handbooks 1173.1 through 1173.15 and procurement regulations; establishing eligibility, and ensuring that all prosthetic services are provided in a timely, efficient manner.

4. PROCEDURES:

a. Prior to evaluation for prosthetic needs, an eligible veteran will receive a comprehensive evaluation from his/her VA-appointed primary care provider (PCP). An exception may occur in the case of medical emergency.

b. For many prosthetic needs, a comprehensive evaluation by an appropriate specialist is needed to assess the medical need and identify recommendations for meeting the need. When recommendations are for prosthetic item(s), existing clinical practice guidelines will be followed and items ordered that are medically necessary. PCPs will refer the veteran to the appropriate specialist for a comprehensive assessment and determination of the specific orthotic or prosthetic item that is needed. It is the responsibility of the specialist to assess the medical need and determine what orthotic or prosthetic item(s) may be clinically indicated. Timely communication to the PCP is the responsibility of the referral specialist. Specialty consultation is normally required for the following areas of need:

- Artificial limbs, orthoses, custom wheelchairs, scooters, orthopedic shoes
- Ambulation aids, seat cushions, bathroom equipment, lift chairs, geri chairs, etc.
- Aids for the Blind
- Eyeglasses
- Hearing Aids, assistive listening devices, communication devices
- Respiratory and home oxygen equipment
- Special and Experimental Equipment
- Home Improvement Structural Alteration (HISA)

c. In the event, specialty consultation is not indicated, the PCP may prescribe and refer the request directly, to Prosthetics for processing. In any case, documentation of clinical need will accompany the prescription.

d. The prosthetics representative or purchasing agent will process prosthetic prescriptions. Cases of unclear documentation or requests that lack sufficient clinical justification (as determined by the local review process) will be referred back to the prescribing provider.

e. While major medical and special equipment items may be considered by the MMSEC, routine, clinical decisions regarding medical need and prescribing orthotic and prosthetic item(s) are to be made by the clinical specialist or clinical team. The specialist will refer unusual or newly developed major medical and special equipment requests electronically, via prosthetic consult to the facility MMSEC through the local prosthetics section. This includes any newly developed or unusual non-contract orthopedic appliance, therapeutic or rehabilitative device, regardless of cost, which has not been previously issued by the health care facility.

f. The prosthetic representatives may authorize replacement of equipment/appliances when there is a prescription for the same item in the medical record and the previous appliance is in need of replacement due to fair wear and tear.

5. REFERENCES: VHA Directive 96-069, VHA Directive 1173 and VHA Handbooks 1173.1 through 1173.15.

6. RESCISSION: Network Memorandum 10N2-80-00.

7. FOLLOW-UP RESPONSIBILITY: VISN Prosthetic Manager, Douglas Williams telephone 716-862-8686.

8. AUTOMATIC RESCISSION DATE: December 22, 2005

LAWRENCE H. FLESH, MD
Interim Network Director

Attachment: A

Distribution: Network 2 Care Line Managers
Network 2 Medical Centers
VISN 2 PEB
VISN 2 Prosthetic Representatives
VISN 2 Web Site

[Code of Federal Regulations]
[Page 623-624]

[Title 38, Volume 1, Parts 0 to 17]
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TITLE 38--PENSIONS, BONUSES, AND VETERANS' RELIEF

CHAPTER I--DEPARTMENT OF VETERANS AFFAIRS

PART 17—MEDICAL

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Sec. 17.149

Sensori-neural aids

a. Notwithstanding any other provision of this part, VA will furnish needed sensori-neural aids (i.e., eyeglasses, contact lenses, hearing aids) only to veterans otherwise receiving VA care or services and only as provided in this section.

b. VA will furnish needed sensori-neural aids (i.e., eyeglasses, contact lenses, hearing aids) to the following veterans:

1. Those with a compensable service-connected disability;
2. Those who are former prisoners of war;
3. Those in receipt of benefits under 38 U.S.C. 1151;
4. Those in receipt of increased pension based on the need for regular aid and attendance or by reason of being permanently housebound;
5. Those who have a visual or hearing impairment that resulted from the existence of another medical condition for which the veteran is receiving VA care, or which resulted from treatment of that medical condition;
6. Those with a significant functional or cognitive impairment evidenced by deficiencies in activities of daily living, but not including normally occurring visual or hearing impairments; and
7. Those visually or hearing impaired so severely that the provision of sensori-neural aids is necessary to permit active participation in their own medical treatment.

c. VA will furnish needed hearing aids to those veterans who have service-connected hearing disabilities rated 0 percent if there is organic conductive, mixed, or sensory hearing impairment, and loss of pure tone hearing sensitivity in the low, mid, or high-frequency range or a combination of frequency ranges which contribute to a loss of communication ability; however, hearing aids are to be provided only as needed for the service-connected hearing disability.

(Authority: 38 U.S.C. 1701(6)(A)(i))
[62 FR 30242, June 3, 1997]